



WIRELESS SERVICE AGREEMENT

1.866.CINGULAR

74- 964074

Closing Date: 22nd

Activation Date 3/15/04	Market/Region LA178
Agent Code LL37A	Salesperson Daniel C
CUSTOMER INFORMATION	
Billing Name/Legal Name (First, M.I., Last) Mark Morikawa	
Attention Line	
Customer Place of Primary Use (PO Box Not Acceptable)	
City	State CA
Zip Code	
Billing Address (If Different)	
City	State
Zip Code	
E-Mail Address	
Social Security Number	Date of Birth /
Home Number	Work Number
Driver's License No.	Exp. Date / Employer
BUSINESS BILLING INFORMATION	
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Authorized Person to Sign for Account	
Authorized Individual's Title	Contact Number ()
Tax Exempt Tax ID No.	<input type="checkbox"/> FED <input type="checkbox"/> Local
	<input type="checkbox"/> State <input type="checkbox"/> Other
CREDIT AND BILLING ACCOUNT INFORMATION	
Credit Check Number	Advance Payment/Deposit Amount \$ 100.00
Account Number	
WIRELESS PORT REQUEST	
If my existing number is NOT eligible to transfer (Please initial below):	
<input type="checkbox"/> I will accept an alternate number, and my existing number with my old service provider will remain active until I cancel that service.	
<input type="checkbox"/> I will not accept an alternate number. I agree that if my number is not eligible	

[illegible]

<input type="checkbox"/> to be transferred, my contract for service with Cingular will be void.				\$
<input type="checkbox"/> Not applicable.				\$
TOTAL				\$

Qty	Code	Item #	Product/Description	ESN/SIM	MSN/IMEI	Net Unit Price
			Panasonic EV87			
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

NETWORK REPLACEMENT NOTICE - Cingular Wireless is replacing its existing wireless technology with the Global System for Mobile Communications (GSM). We may upgrade the system in your area sometime in the next 12 to 24 months. When we do, it may be necessary to replace your existing phone. We will be presenting you with various options as the time to convert approaches (applicable within certain areas in FL, LA, MS, AL and GA).

CUSTOMER INITIALS

CREDIT CHECK CONSENT AND REPORTING AUTHORIZATION - I authorize any person, or consumer or credit reporting agency, to provide Cingular with any information it has on me or the entity on whose behalf I make this application. I authorize Cingular to: (a) compile this information, (b) disclose my account information, including my payment history and confidential information to credit reporting agencies or private credit reporting associations, and (c) periodically obtain and use my credit report and other credit information from any source in connection with Cingular's offering of wireless and other services. I understand that if I fail to fulfill the terms of my credit obligations under this Agreement, Cingular may report my failure to a credit reporting agency. **DOOR-TO-DOOR SALE** IF THIS IS A DOOR-TO-DOOR SALE, I MAY HAVE A LEGAL RIGHT TO CANCEL THIS TRANSACTION BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THE TRANSACTION. IF APPLICABLE, I WILL REVIEW THE ASSOCIATED NOTICE OF CANCELLATION FORM AND EXPLANATION OF THIS RIGHT.

REGULATORY COST RECOVERY FEE - Cingular also imposes the following charges: a Regulatory Cost Recovery Fee of up to \$1.25 to help defray its costs incurred in complying with obligations and charges imposed by State and Federal telecom regulations, a gross receipts surcharge, and State and Federal Universal Service Charges. The Regulatory Cost Recovery Fee is not a tax or a government-required charge.

GUARANTY - If I am signing on behalf of an entity, I agree to be jointly responsible with the entity for payments of any sums that become due under this Agreement. I agree you can collect directly from me without first proceeding against the entity.



CONTRACT PROVISIONS - This Agreement includes all the provisions of Cingular's terms of service form number [____], incorporated herein by reference, including a binding arbitration clause. It also includes and incorporates additional provisions contained in a separate rate plan or other brochure(s) describing the services to which I subscribed ("Rate Plan Brochure"). I agree to all of these contract provisions. If I am signing on behalf of a corporation, partnership or other entity, I represent that I am authorized to sign on its behalf.

SERVICE/COVERAGE LIMITATIONS - Cingular does not guarantee service availability at all times in all places. Coverage maps are available at www.cingular.com and are subject to the additional limitations described there. There are gaps in coverage within the service areas shown on coverage maps, which, by their nature, are only approximations of actual coverage. I agree to accept Cingular's service with these limitations.

EARLY TERMINATION FEE - In FL, GA, SC, NC, KY, TN, MS, LA, AL, NY, and parts of IN and NJ, an Early Termination Fee in the amount of \$240 prorated over the term of your commitment may be assessed against you in the event that you terminate this contract before the expiration of its term. In all other areas, an Early Termination Fee of \$150 may be assessed against you in the event that you terminate this contract before the expiration of its term.

15 DAY CANCELLATION POLICY As further set forth in this Agreement, we will cancel your service, for any reason and without imposing the Early Termination Fee, within fifteen (15) days of your signing this Agreement, PROVIDED, however, that if you cancel service you will remain responsible for service fees and charges incurred. If you exercise this option, it may be necessary for you to return handsets and associated accessories purchased in connection with your entry into this Agreement.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT INCLUDING ALL CONTRACT PROVISIONS (including Changes to Terms and Rates, Limitation of Liability and Arbitration) AND THE PLAN PROVISIONS AND CONDITIONS. I AGREE TO BE BOUND THEREBY. If signing on behalf of an entity, I represent that I am a duly authorized representative of the entity shown under "Billing Name", and I have submitted this application in the capacity indicated as my "Title" thereunder. If I am representing a corporation, I acknowledge that the execution of this agreement has been authorized by all necessary corporate actions.

Customer Signature/Authorization: 		Sales/Dealer Signature: 	
CINGULAR WIRELESS USE ONLY	Deposit/Advance Payment _____	Check # _____	Date Received _____
	Purchase _____	Check # _____	By _____
	Visa/MC/Disc/AMEX Card No. _____		Exp. Date _____

Suite 1100 - CO • 5565 Glenridge Connector • Atlanta, GA 30342

ORIGINAL - CINGULAR
SVC. AGMT 11/03

YELLOW - SALES REP

PINK - CUSTOMER

WHITE OTHER
FMS SA P 1103 0042 E

74- 964073

Closing Date: 22nd

Activation Date 3/15/04	Market/Region LA178	
Agent Code LL37A	Salesperson Daniel C.	
CUSTOMER INFORMATION		
Billing Name/Legal Name (First, M.I., Last) Mark MoriKawa.		
Attention Line		
Customer Place of Primary Use (PO Box Not Acceptable)		
City	State CA	
Billing Address (If Different)		
City	State	Zip Code
E-Mail Address		
Social Security Number		Date of Birth
Home Number		Work Number
Driver's License No.	Exp. Date	Employer
BUSINESS BILLING INFORMATION		
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Authorized Person to Sign for Account		
Authorized Individual's Title	Contact Number ()	
Tax Exempt Tax ID No.	<input type="checkbox"/> FED <input type="checkbox"/> Local	
	<input type="checkbox"/> State <input type="checkbox"/> Other	
CREDIT AND BILLING ACCOUNT INFORMATION		
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[illegible]

<input type="checkbox"/> Not applicable		TOTAL \$				
Qty	Code	Item #	Product/Description	ESN/SIM	MSN/IMEI	Net Unit Price
			SIEMENS 550			\$
						\$
						\$
						\$
						\$
						\$
						\$

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